2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: BROOKS HALIFAX REHABILITATION SERVICES, LLC

Current Principal Place of Business:

3599 UNIVERSITY BOULEVARD, SOUTH
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BOULEVARD, SOUTH
JACKSONVILLE, FL 32216 US

FEI Number: 27-3655818

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	DCP
Name	BAER, DOUGLAS
Address	3599 UNIVERSITY BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	D
Name	SNEED, GARY W
Address	305 MONTEREY VILLA COURT
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	DVP
Name	SPIGEL, MICHAEL
Address	8631 SAN SERVERA DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32217

Title	ST
Name	DURR, MICHAEL X
Address	3599 UNIVERSITY BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL X. DURR — VICE PRESIDENT & CFO — 04/25/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date